

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE			
								10/594,969					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/	2					53						
4	2						54						
5	2						55						
6	2						56						
7	1	6					57						
8	1	6					58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/												
TOTAL DEP.	10												
TOTAL CLAIMS	11												